

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 091582984 FILING DATE

APPLICANT(S)

5/30/06 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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42						
43		1				
44						
45						
46				1		
47					1	
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51	1							
52								
53								
54	1							
55								
56	1							
57	1							
58	1							
59	1							
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99								
100								
TOTAL IND.		2						
TOTAL DEP.		10						
TOTAL CLAIMS		12						